



Healthy Homes New Britain Program

LHRD Rank _____ HH Rank _____

OWNER PER-APPLICATION

Please fill out and return this pre-application to be added to our list.

Mailing address and location: Department of Planning & Development 27 W. Main Street-311 New Britain, CT 06051

Phone number: Debbie Anderson (860) 826-3459 or Celimar Davila (860)612-5051

E-mail: Deborah.Anderson@newbritainCT.gov or Celimar.Davila@newbritainCT.gov

Name of Owner/Applicant(s): _____

Trust, Corporation, Partnership, Individual (Circle one)

Telephone Number: _____ Cell Phone: _____

E mail: _____

Name of Authorized Signatory(s): _____

Mailing Address of Owner: _____

Number and Street, NO Box Number City Zip Code

Property Address: _____ No. Of Dwelling Units: _____

Year Built: _____ If unknown – Was it built before 1978? Yes _____ No _____

Unit Identity /Floor (Please photocopy for more units)	Occupant Information	No. Of People in Household	Meets Income Eligibility *	Rent Per month	What Utilities Are Included?	No. of Bedrooms in unit
	Name: _____ Phone: _____ Cell: _____		Yes ___ No ___ Section 8 _____		___ Heat ___ Water ___ Electric ___ None	
	Name: _____ Phone: _____ Cell: _____		Yes ___ No ___ Section 8 _____		___ Heat ___ Water ___ Electric ___ None	
	Name: _____ Phone: _____ Cell: _____		Yes ___ No ___ Section 8 _____		___ Heat ___ Water ___ Electric ___ None	

How many children under six years of age live in the building? _____

Have any of the resident children (under age 6) been found with lead levels of 5µg/dL or above? () YES () NO () Unknown.

Would you like information on weatherization programs available in your community? () YES () NO